


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 213046 1. Entity Name FLORIDA JAI-ALAI, INC.	
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Principal Place of Business 6405 S HWY 17 92 P O BOX 24 FERN PARK, FL 32730 US	Mailing Address P O BOX 300107 FERN PARK, FL 32730 US
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01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0948721	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SOPER, HORT 6405 S HWY 17 92 FERN PARK, FL 32730	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SOPER, HORT 6405 S HWY 17 92 FERN PARK, FL 32730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MODAHL, WILLIAM 841-B E. PALACE AVE SANTA FE, NM 875012256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CALDER, ELIZABETH 6405 S HWY 17 92 FERN PARK, FL 32730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PIERCE, ROBERTA A 2144 GROVE POINT LANE WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UC00000114738
04/15/04-80062-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *MA Pierce Secretary* 4/13/04 407-339-6221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #